

WORCESTER YOUTH & FAMILY COUNSELING SERVICES, INC.

Confidentiality Statement

The relationship between Worcester Youth & Family Counseling Services, Inc. (WYFCS) and its clients is confidential. We will not release information without your written permission except under the following conditions:

1. The client threatens harm to self or others.
2. The client is a minor (under 18) and there is suspected child abuse and/or neglect.
3. In cases where WYFCS staff is subpoenaed to appear in court.
4. When an adult client states that she/he was sexually abused as a child and this abuse has not previously been reported.
5. When clients have been referred by the Department of Juvenile Services as a condition of their probation.
6. You seek treatment to avoid detection or apprehension or enable anyone to commit a crime.
7. Your contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
8. Your contact is for the purpose of establishing your competence.
9. The contact is one in which your therapist must file a report to a public employer or as to information required to be recorded in a public office, if such report or record is open to public inspection.
10. You are under the age of 16 years and are the victim of a crime.
11. You are over the age of 65 and your therapist believes you are the victim of abuse.
12. You die and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in property.
13. You file suit against your therapist for breach of duty or your therapist files suit against you.
14. You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
15. You waive your rights to privilege or give consent to limited disclosure by your therapist.
16. Your insurance company paying for services has the right to review all records.

I have read and understand WYFCS' policies relating to confidentiality. I furthermore authorize release by WYFCS any information arising from my utilization of the services of WYFCS in the incidences outlined here and above.

Name of Client (please print)

Date

Client or Parent/Guardian Signature (if minor child)

Date